

any disallowance of a claim for Federal financial participation under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) made on or after such date or during the 60-day period prior to such date.

SEC. 205. COUNTY MEDICAID HEALTH INSURING ORGANIZATIONS.

(a) IN GENERAL.—Section 9517(c)(3) of the Consolidated Omnibus Budget Reconciliation Act of 1985 (42 U.S.C. 1396b note), as added by section 4734 of the Omnibus Budget Reconciliation Act of 1990 and as amended by section 704 of the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000, is amended—

(1) in subparagraph (A), by inserting “, in the case of any health insuring organization described in such subparagraph that is operated by a public entity established by Ventura County, and in the case of any health insuring organization described in such subparagraph that is operated by a public entity established by Merced County” after “described in subparagraph (B)”; and

(2) in subparagraph (C), by striking “14 percent” and inserting “16 percent”.

(b) EFFECTIVE DATE.—The amendments made by subsection (a) shall take effect on the date of the enactment of this Act.

TITLE III—MISCELLANEOUS

SEC. 301. EXTENSION OF TANF SUPPLEMENTAL GRANTS.

(a) EXTENSION THROUGH FISCAL YEAR 2009.—Section 7101(a) of the Deficit Reduction Act of 2005 (Public Law 109-171; 120 Stat. 135) is amended by striking “fiscal year 2008” and inserting “fiscal year 2009”.

(b) CONFORMING AMENDMENT.—Section 403(a)(3)(H)(ii) of the Social Security Act (42 U.S.C. 603(a)(3)(H)(ii)) is amended to read as follows:

“(i) subparagraph (G) shall be applied as if ‘fiscal year 2009’ were substituted for ‘fiscal year 2001’; and”.

SEC. 302. 70 PERCENT FEDERAL MATCHING FOR FOSTER CARE AND ADOPTION ASSISTANCE FOR THE DISTRICT OF COLUMBIA.

(a) IN GENERAL.—Section 474(a) of the Social Security Act (42 U.S.C. 674(a)) is amended in each of paragraphs (1) and (2) by striking “(as defined in section 1905(b) of this Act)” and inserting “(which shall be as defined in section 1905(b), in the case of a State other than the District of Columbia, or 70 percent, in the case of the District of Columbia)”.

(b) EFFECTIVE DATE.—The amendment made by subsection (a) shall take effect on October 1, 2008, and shall apply to calendar quarters beginning on or after that date.

SEC. 303. EXTENSION OF SPECIAL DIABETES GRANT PROGRAMS.

(a) SPECIAL DIABETES PROGRAMS FOR TYPE I DIABETES.—Section 330B(b)(2)(C) of the Public Health Service Act (42 U.S.C. 254c-2(b)(2)) is amended by striking “2009” and inserting “2011”.

(b) SPECIAL DIABETES PROGRAMS FOR INDIVIDUALS.—Section 330C(c)(2)(C) of the Public Health Service Act (42 U.S.C. 254c-3(c)(2)(C)) is amended by striking “2009” and inserting “2011”.

(c) REPORT ON GRANT PROGRAMS.—Section 4923(b) of the Balanced Budget Act of 1997 (42 U.S.C. 1254c-2 note), as amended by section 931(c) of the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000, as enacted into law by section 1(a)(6) of Public Law 106-554, and section 1(c) of Public Law 107-360, is amended—

(1) in paragraph (1), by striking “and” at the end;

(2) in paragraph (2)—

(A) by striking “a final report” and inserting “a second interim report”; and

(B) by striking the period at the end and inserting “; and”; and

(3) by adding at the end the following new paragraph:

“(3) a report on such evaluation not later than January 1, 2011.”.

SEC. 304. IOM REPORTS ON BEST PRACTICES FOR CONDUCTING SYSTEMATIC REVIEWS OF CLINICAL EFFECTIVENESS RESEARCH AND FOR DEVELOPING CLINICAL PROTOCOLS.

(a) SYSTEMATIC REVIEWS OF CLINICAL EFFECTIVENESS RESEARCH.—

(1) STUDY.—Not later than 60 days after the date of the enactment of this Act, the Secretary of Health and Human Services shall enter into a contract with the Institute of Medicine of the National Academies (in this section referred to as the “Institute”) under which the Institute shall conduct a study to identify the methodological standards for conducting systematic reviews of clinical effectiveness research on health and health care in order to ensure that organizations conducting such reviews have information on methods that are objective, scientifically valid, and consistent.

(2) REPORT.—Not later than 18 months after the effective date of the contract under paragraph (1), the Institute, as part of such contract, shall submit to the Secretary of Health and Human Services and the appropriate committees of jurisdiction of Congress a report containing the results of the study conducted under paragraph (1), together with recommendations for such legislation and administrative action as the Institute determines appropriate.

(3) PARTICIPATION.—The contract under paragraph (1) shall require that stakeholders with expertise in conducting clinical effectiveness research participate on the panel responsible for conducting the study under paragraph (1) and preparing the report under paragraph (2).

(b) CLINICAL PROTOCOLS.—

(1) STUDY.—Not later than 60 days after the date of the enactment of this Act, the Secretary of Health and Human Services shall enter into a contract with the Institute of Medicine of the National Academies (in this section referred to as the “Institute”) under which the Institute shall conduct a study on the best methods used in developing clinical practice guidelines in order to ensure that organizations developing such guidelines have information on approaches that are objective, scientifically valid, and consistent.

(2) REPORT.—Not later than 18 months after the effective date of the contract under paragraph (1), the Institute, as part of such contract, shall submit to the Secretary of Health and Human Services and the appropriate committees of jurisdiction of Congress a report containing the results of the study conducted under paragraph (1), together with recommendations for such legislation and administrative action as the Institute determines appropriate.

(3) PARTICIPATION.—The contract under paragraph (1) shall require that stakeholders with expertise in making clinical recommendations participate on the panel responsible for conducting the study under paragraph (1) and preparing the report under paragraph (2).

(c) FUNDING.—Out of any funds in the Treasury not otherwise appropriated, there are appropriated for the period of fiscal years 2009 and 2010, \$3,000,000 to carry out this section.

The question was taken; and the Speaker pro tempore announced that the yeas appeared to have it.

Mr. CULBERSON. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The vote was taken by electronic device, and there were—yeas 75, nays 309, not voting 50, as follows:

[Roll No. 442]

YEAS—75

Akin	Everett	McCaul (TX)
Alexander	Flake	McCrery
Bachus	Fox	McHenry
Barrett (SC)	Franks (AZ)	McHugh
Bartlett (MD)	Garrett (NJ)	McKeon
Barton (TX)	Gilchrest	McMorris
Bilirakis	Gordon	Rodgers
Bishop (UT)	Granger	Miller, Gary
Blackburn	Hastings (FL)	Musgrave
Blunt	Hastings (WA)	Myrick
Boehner	Hensarling	Petri
Brown (GA)	Herger	Pickering
Burton (IN)	Hobson	Rehberg
Camp (MI)	Hoekstra	Reichert
Campbell (CA)	Hunter	Renzi
Cantor	Inglis (SC)	Rogers (AL)
Carter	Johnson, Sam	Roskam
Clay	Keller	Ryan (WI)
Coble	King (IA)	Sensenbrenner
Cubin	Lamborn	Sessions
Davis, Tom	Lewis (KY)	Shadegg
Deal (GA)	Lucas	Shimkus
Doolittle	Lungren, Daniel	Sullivan
Duncan	E.	Whitfield (KY)
Emerson	Manzullo	Young (AK)
English (PA)	Marchant	

NAYS—309

Abercrombie	Cohen	Green, Gene
Ackerman	Cole (OK)	Grijalva
Aderholt	Conaway	Gutierrez
Allen	Conyers	Hall (NY)
Altmire	Cooper	Hall (TX)
Andrews	Costello	Hare
Arcuri	Cramer	Harman
Baca	Crenshaw	Hayes
Bachmann	Crowley	Heller
Baird	Cuellar	Herseth Sandlin
Baldwin	Culberson	Higgins
Barrow	Cummings	Hill
Bean	Davis (AL)	Hinchee
Becerra	Davis (CA)	Hinojosa
Berkley	Davis (KY)	Hirono
Berman	Davis, David	Hodes
Berry	DeFazio	Holden
Biggert	DeGette	Holt
Bilbray	Dent	Honda
Bishop (GA)	Diaz-Balart, L.	Hooley
Bishop (NY)	Diaz-Balart, M.	Hoyer
Blumenauer	Dicks	Hulshof
Bonner	Dingell	Inlee
Bono Mack	Doggett	Israel
Boozman	Donnelly	Issa
Boren	Doyle	Jackson (IL)
Boustany	Drake	Jackson-Lee
Boyd (FL)	Dreier	(TX)
Boyda (KS)	Edwards (MD)	Johnson (GA)
Brady (PA)	Edwards (TX)	Johnson, E. B.
Brady (TX)	Ehlers	Jones (NC)
Briley (IA)	Ellison	Jones (OH)
Brown (SC)	Ellsworth	Jordan
Brown, Corrine	Emanuel	Kagen
Brown-Waite,	Etheridge	Kanjorski
Ginny	Fallin	Kaptur
Buchanan	Farr	Kennedy
Burgess	Fattah	Kildee
Butterfield	Feeney	Kilpatrick
Buyer	Ferguson	Kind
Calvert	Filner	King (NY)
Capito	Forbes	Kingston
Capps	Fortenberry	Kirk
Capuano	Fossella	Klein (FL)
Carnahan	Foster	Kline (MN)
Carney	Frank (MA)	Knollenberg
Carson	Frelinghuysen	Kucinich
Castle	Gallely	Kuhl (NY)
Castor	Gerlach	LaHood
Cazayoux	Giffords	Lampson
Chabot	Gingrey	Langevin
Chandler	Gonzalez	Larson (CT)
Childers	Goode	Latham
Clarke	Goodlatte	LaTourette
Cleaver	Graves	Latta
Clyburn	Green, Al	Lee

MOTION TO ADJOURN

Mr. CULBERSON. Mr. Speaker, I move that the House do now adjourn.

The SPEAKER pro tempore. The question is on the motion to adjourn.

Levin	Pastor	Slaughter
Lewis (CA)	Paul	Smith (NE)
Lewis (GA)	Payne	Smith (NJ)
Linder	Pearce	Smith (TX)
Lipinski	Perlmutter	Smith (WA)
LoBiondo	Peterson (MN)	Snyder
Loeback	Pitts	Solis
Lofgren, Zoe	Platts	Space
Lowey	Poe	Stark
Lynch	Pomeroy	Stearns
Mack	Porter	Stupak
Maloney (NY)	Price (GA)	Sutton
Markey	Price (NC)	Tanner
Marshall	Putnam	Tauscher
Matheson	Ramstad	Taylor
Matsui	Rangel	Terry
McCarthy (CA)	Regula	Thompson (CA)
McCarthy (NY)	Richardson	Thornberry
McCollum (MN)	Rodriguez	Tiahrt
McCotter	Rogers (KY)	Tiberi
McDermott	Rogers (MI)	Towns
McGovern	Rohrabacher	Tsongas
McIntyre	Ros-Lehtinen	Udall (NM)
McNerney	Rothman	Upton
Meek (FL)	Roybal-Allard	Van Hollen
Meeks (NY)	Royce	Velázquez
Melancon	Ruppersberger	Visclosky
Mica	Ryan (OH)	Walberg
Michaud	Salazar	Walden (OR)
Miller (FL)	Sali	Walsh (NY)
Miller (MI)	Sánchez, Linda	Walz (MN)
Miller (NC)	T.	Wasserman
Mitchell	Sanchez, Loretta	Schultz
Moore (KS)	Sarbanes	Waters
Moore (WI)	Scalise	Watson
Moran (KS)	Schakowsky	Watt
Moran (VA)	Schiff	Waxman
Murphy (CT)	Schmidt	Welch (VT)
Murphy, Patrick	Schwartz	Weldon (FL)
Murphy, Tim	Scott (GA)	Weller
Murtha	Serrano	Westmoreland
Nadler	Sestak	Wilson (NM)
Napolitano	Shays	Wilson (OH)
Neal (MA)	Sherman	Wittman (VA)
Neugebauer	Shuler	Wolf
Obey	Shuster	Wu
Olver	Simpson	Young (FL)
Ortiz	Sires	
Pallone	Skelton	

NOT VOTING—50

Boswell	Mahoney (FL)	Scott (VA)
Boucher	McNulty	Shea-Porter
Cannon	Miller, George	Souder
Cardoza	Mollohan	Speier
Costa	Nunes	Spratt
Courtney	Oberstar	Tancred
Davis (IL)	Pascrell	Thompson (MS)
Davis, Lincoln	Pence	Tierney
Delahunt	Peterson (PA)	Turner
DeLauro	Pryce (OH)	Udall (CO)
Engel	Radanovich	Wamp
Eshoo	Rahall	Weiner
Gillibrand	Reyes	Wexler
Gohmert	Reynolds	Wilson (SC)
Jefferson	Ross	Woolsey
Johnson (IL)	Rush	Yarmuth
Larsen (WA)	Saxton	

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Messrs. SESTAK and KUCINICH changed their vote from “yea” to “nay.”

So the motion to adjourn was rejected.

The result of the vote was announced as above recorded.

MEDICARE IMPROVEMENTS FOR PATIENTS AND PROVIDERS ACT OF 2008—Continued

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Texas (Mr. BARTON) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise

and extend their remarks and include extraneous material on the bill under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New Jersey?

There was no objection.

Mr. PALLONE. Mr. Speaker, I ask unanimous consent that the gentleman from New York (Mr. RANGEL) be permitted to control 10 minutes of my time.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New Jersey?

There was no objection.

Mr. PALLONE. Mr. Speaker, I yield myself such time as I may consume.

I rise in strong support of H.R. 6331, the Medicare Improvements for Patients and Providers Act of 2008, and I urge my colleagues on both sides of the aisle to offer their support for this bill.

H.R. 6331 would make a number of improvements that are important to protecting the health and well-being of our seniors. The legislation also addresses the reimbursement concerns of doctors who treat Medicare patients. It also completely is paid for by implementing sensible reforms to the Medicare Advantage program that is supported by almost every expert body, including MedPAC and GAO.

Mr. Speaker, while I still believe that the CHAMP Act, which the House passed last year, was the best way to address Medicare's future, the bill before us today is a reasonable compromise that both Democrats and Republicans should support. In the end this legislation would allow us to take the steps necessary to keep Medicare working for America's seniors, doctors, and taxpayers. And with less than a week to go before the impending physician cuts go into effect, it is time to put politics aside and pass this commonsense policy.

Mr. Speaker, I reserve the balance of my time, and I ask unanimous consent that the gentleman from Georgia (Mr. BARROW) be permitted to control the balance of my time.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New Jersey?

There was no objection.

Mr. BARTON of Texas. Mr. Speaker, I would ask unanimous consent that the gentleman from Michigan (Mr. CAMP) be allowed to control 10 minutes for debate purposes of the time that I control.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Texas?

There was no objection.

Mr. BARTON of Texas. Mr. Speaker, I yield myself 2 minutes.

Mr. Speaker, I rise today in opposition to H.R. 6331, the Medicare bill that is put before this Congress today on a suspension vote.

Somehow I missed it, but I didn't see the notice of the legislative hearing in the Energy and Commerce Committee hearing on this. I didn't see the notice

of the subcommittee markup on this bill. I didn't see the full committee notice to have a markup. I didn't get any notice of the technical corrections of the bill, which we received at 10 minutes until 10 a.m. this morning.

The majority seems to be under the mistaken impression that the less input and the less Republicans know about major bills, the more likely we are to vote for them. Well, I have a news flash. When we were not a part of the process, when we don't have any input into the policy, there is over a 95 to 100 percent we are going to be “noes” regardless of the substance of the bill.

On this particular bill, had we had some input, we would have strongly opposed the cuts to Medicare Advantage. A large number of us would have opposed the delay in the durable medical equipment competitive bidding that's supposed to go into effect on July 1 and, under the current bill, is also delayed for 18 months. There is obviously a need to fix the current physician reimbursement system. We have been in session now in this Congress almost 18 months, perhaps longer. You would think that in that time period, there could have been some legislative hearings. There could have been some draft proposals floated. There could have been some markups and some discussion and some give and take, and we could have found a compromise that would pass on the suspension calendar. But that has not been the case, as it was not the case on the CHAMP Act that my good friend from New Jersey just referred to.

So, Mr. Speaker, on this particular piece of legislation for this morning, I would strongly urge a “no” vote and ask all Members of this body that believe in regular process and give and take in policy reform to vote “no,” and then sometime when we come back after the July 4th work period, perhaps we can work together to do what needs to be done.

Mr. Speaker, I rise today to oppose H.R. 6331, the Medicare bill put before this Congress today on a suspension vote. While I agree that we should do something to address the Medicare physician payment cut that will take affect in just a few days, I do not support cutting Medicare Advantage to pay for this short-term fix.

This legislation cuts close to \$50 billion from Medicare Advantage, a program that benefits seniors in every State and a program in which our seniors are deeply satisfied. I believe people benefit when they have the kind of choices that only market competition can provide, and that certainly includes choice in health care. As we have seen with the Medicare Part D drug benefit, when an entitlement program is subjected to market forces, everyone is a winner. The taxpayer gets lower spending in an entitlement program; the beneficiary pays lower premiums and co-pays; and we get to provide broader access to affordable and accountable health care for our seniors.

Yes, it is true that this bill provides temporary relief for payment cuts for physician services for the next year or so. So I guess as